KEY TAKEAWAYS

- Preventive therapy is indicated when migraine is disabling or frequent.
- Preventive migraine therapy can reduce the use of acute medications and the risk for medication overuse headache.
- If you have an ineffective acute treatment, you’re at risk for chronification of migraine.
- Preventive migraine medications can reduce the severity and frequency of your attacks; also, your acute medication will work better.
- Beta blockers, calcium channel blockers, angiotensin receptor blockers, anticonvulsants, Botox, and CGRP medications are the major classes of migraine-preventive drugs.
- If you are not responding well to your migraine therapy, your doctor may need to rethink your diagnosis.

QUOTES

“We know migraine, of course, is a 4- to 72-hour event in adults. So, if someone is having three days of a migraine attack, and that happens to them twice a month, that’s only two attacks if you count attacks — but that is six days and that’s a week.”

“The higher the frequency [of migraine], the more one needs — or is likely to need or have — preventive therapy. And then the other component which therapy — preventive therapy — can be directed at is severity. So, capturing both frequency and severity are very important.”

“Only about 13% of patients, you know, really get offered preventive therapy.”

PRACTICAL STEPS

- Be prepared to provide your doctor with your complete migraine history, going back to childhood.
- Advocate for more attention to be paid to women of color and men with migraine.
- Spread awareness that adverse childhood experiences can lead to chronic health conditions like migraine.
- Don’t give up hope. Educate yourself and your health care provider with accurate information about migraine from the National Headache Foundation and The Migraine Trust.
- Join an advocacy organization.
- If someone tells you that they can't help you, find someone who can.